

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585199

FILING DATE

APPLICANT(S)

Article 34

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		1
4		(1)		(1)		1
5		(1)		(1)		1
6		(1)		(1)		1
7		(1)		(1)		1
8		(1)		(1)		1
9		(1)		(1)		1
10		(1)		(1)		1
11		(1)		(1)		1
12		(1)		(1)		1
13	1		1		1	
14	1				1	
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TOTAL IND.	4	↓	2	↓	4	↓
TOTAL DEP.	12	←	12	←	11	←
TOTAL CLAIMS	16		14		15	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						